

**DECLARATION AND POWER OF ATTORNEY FOR
UNITED STATES PATENT APPLICATION**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,
and

I believe that I am the original, first and sole inventor (if only one name is listed below)
or an original, first and joint inventor (if more than one name is listed below) of the subject
matter which is claimed and for which a United States patent is sought on the invention entitled

HUMAN LYSOPHOSPHOLIPASE

the specification of which:

 / is attached hereto.

/ X / was filed on April 29, 1997 as application Serial No. 08/844,120 and
if this box contains an X /, was amended on .

/ / was filed as Patent Cooperation Treaty international application No. on
 , 19 , if this box contains an X / /, was amended on under Patent Cooperation
Treaty Article 19 on 19 , and if this box contains an X / /, was amended on
 .

I hereby state that I have reviewed and understand the contents of the above-identified
specification, including the claims, as amended by any amendment referred to above.

I acknowledge my duty to disclose information which is material to the examination of
this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

I hereby claim the benefit under Title 35, United States Code, §119 or §365(a)-(b) of any
foreign application(s) for patent or inventor's certificate indicated below and of any Patent
Cooperation Treaty international applications(s) designating at least one country other than the
United States indicated below and have also identified below any foreign application(s) for patent
or inventor's certificate and Patent Cooperation Treaty international application(s) designating at
least one country other than the United States for the same subject matter and having a filing date
before that of the application for said subject matter the priority of which is claimed:

08/844,120

Country	Number	Filing Date	Priority Claimed
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional application(s) listed below.

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in said prior application(s) in the manner required by the first paragraph of Title 35, United States Code §112, I acknowledge my duty to disclose material information as defined in Title 37 Code of Federal Regulations, §1.56(a) which occurred between the filing date(s) of the prior application(s) and the national or Patent Cooperation Treaty international filing date of this application:

Application	Status (Pending,
Serial No. _____	Abandoned, Patented)
_____	_____

I hereby appoint the following:

LUCY J. BILLINGS
MICHAEL C. CERRONE

Registration No. 36,749
Registration No. 39,132

respectively and individually, as my attorneys and/or agents, with full power of substitution and revocation, to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith. Please address all communications to:

LUCY J. BILLINGS, ESQ.
INCYTE PHARMACEUTICALS, INC.
3174 PORTER DRIVE, PALO ALTO, CA 94304

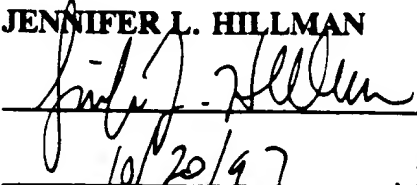
TEL: 650-855-0555 FAX: 650-845-4166

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States


Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

***IMPORTANT:** Before this declaration is signed, the patent application (the specification, the claims and this declaration) must be read and understood by each person signing it, and no changes may be made in the application after this declaration has been signed.

**Sole Inventor or
First Joint Inventor:**

Full name: **JENNIFER L. HILLMAN**
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Second Joint Inventor:

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Third Joint Inventor:

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Signature:

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"Express Mail" mailing label number EL 856 173 600 US. I hereby certify that this document and referenced attachments are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR § 1.10, addressed to: Commissioner for Patents, Box Patent Application, 2900 Crystal Dr., Arlington, VA 22202-3513 on November 19, 2001

By: Nancy Ramos Printed: Nancy Ramos

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Hillman, et al.

Title: HUMAN LYSOPHOSPHOLIPASE

Serial No.: To Be Assigned

Filing Date:

Herewith

Examiner: To Be Assigned

Group Art Unit:

To Be Assigned

Commissioner for Patents
Box Patent Application
2900 Crystal Dr.
Arlington, VA 22202-3513

**CERTIFICATE UNDER 37 C.F.R. §3.73(b),
REVOCATION OF POWER OF ATTORNEY AND
APPOINTMENT OF NEW ATTORNEYS**

Sir:

The undersigned has reviewed all the documents in the chain of title of the above-identified patent application and, to the best of undersigned's knowledge and belief, title is in the assignee identified above.

Incyte Genomics, Inc., formerly known as Incyte Pharmaceuticals, Inc., having a principal place of business located at 3160 Porter Drive, Palo Alto, California 94304, certifies that it is the assignee and owner of the entire right, title and interest in, to, and under the invention described and claimed in the above-identified application by virtue of an Assignment recorded at Reel 8818, Frame 0909, hereby revokes all previous powers of attorney and appoints the following patent attorneys/agents:

Lucy J. Billings	Reg. No. 36,749
Jenny Buchbinder	Reg. No. 48,588
Michael C. Cerrone	Reg. No. 39,132
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Please direct all correspondence to:

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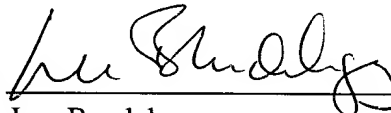
and direct all telephone calls and facsimile transmissions to: Diana Hamlet-Cox, Incyte Genomics, Inc.,
Phone: (650) 845-4639, Fax: (650) 849-8886 or (650) 845-4166.

The undersigned (whose title is supplied below) is empowered to act on behalf of the assignee.

I hereby declare that all statements made herein of my own knowledge are true, and that these statements are made with the knowledge that willful false statements, and the like so made, are punishable by fine or imprisonment, or both, under Section 1001, Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

INCYTE GENOMICS, INC.

Date: November 19, 2001

By: 
Lee Bendekgey
VP, General Counsel/Corporate Secretary